

RADIOLOGY SERVICES REQUEST AND REPORT

State ID No.

DOB

Race

Sex

INSTITUTION

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP <i>Siddig</i>	Date of request <i>8/25/05</i>	Time of request <i>1800</i>	Routine	Priority	Transportation or special needs
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HISTORY/DIAGNOSIS

X-Ray Skull - Fell, hit frontal bone

X-RAY REQUEST

ABDOMEN/PELVIS	FINGERS	NAVICULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)	FOOT	ORBIT	STERNUM
ANKLE	HAND	OS CALZE (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	Humerus	RADICULUS	TRACHEA
COCCYX	KNEE	SKIN	TOES
CONE DOWN SELLA TURCICA	LUMBAL SPINE	SACRO-ILIAC JOINTS	Wrist
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FINGER	NASAL BONES	SKULL	

REPORT

Wright

SKULL: There is no evidence of fracture or calvarial defects. The sella turcica appears normal.
IMPRESSION: NORMAL SKULL.

Note: A normal skull examination does not exclude a significant intracranial pathology.

D & T: 03-01-05.Howard P. Schiele, M.D./rr Board Certified Radiologist (Signature on file)

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X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

APPROVED BY: (REV. 12/99) WHITE CHART COPY; CANARY PHYSICIAN'S COPY; PSC FILE COPY

Laboratory Corporation of America

SPECIMEN 338-205-5166-0	TYPE S	PRIMARY LAB MB	REPORT STATUS COMPLETE	Page #: 2
ADDITIONAL INFORMATION FASTING: N DOB: 8/15/1967				
PATIENT NAME WRIGHT, RICHARD		SEX M	AGE(YR./MOS.) 37 / 3	
PT. ADD.:				
DATE OF SPECIMEN 12/03/2004	TIME 13:09	DATE RECEIVED 12/03/2004	DATE REPORTED 12/04/2004	TIME 7:46
260				

CLINICAL INFORMATION CD-41167601262	
PHYSICIAN ID. SIDDIQ T	PATIENT ID. 187140
ACCOUNT: BULLOCK CORRECTIONAL FACILITY PRISON HEALTH SERVICES 104 Bullock Dr. Union Springs AL 36089-5107 ACCOUNT NUMBER: 01389085	

TEST	RESULT	LIMITS	LAB
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Changes (TLC)

Therapy

CHD	<100	>100	>or=130
2+ Risk Factors	<130	>or=130	>or=130
0-1 Risk Factors	<160	>or=160	>or=190
T. Chol/HDL Ratio	3.0	ratio units	0.0 - 5.0
Estimated CHD Risk	< 0.5	times avg.	0.0 - 1.0
T. Chol/HDL Ratio			
Men Women			
1/2 Avg. Risk	3.4	3.3	
Avg. Risk	5.0	4.4	
2X Avg. Risk	9.6	7.1	
3X Avg. Risk	23.4	11.0	

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The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

Thyroid				MB
TSH	1.153	uIU/mL	0.350 - 5.500	MB
Thyroxine (T4)	9.0	ug/dL	4.5 - 12.0	MB
T3 Uptake	32	%	24 - 39	MB
Free Thyroxine Index	2.9		1.2 - 4.9	MB
CBC, Platelet Ct, and Diff				MB
White Blood Cell (WBC) Count	5.3	x10E3/uL	4.0 - 10.5	MB
Red Blood Cell (RBC) Count	5.12	x10E6/uL	4.10 - 5.60	MB
Hemoglobin	16.1	g/dL	12.5 - 17.0	MB
Hematocrit	46.7	%	36.0 - 50.0	MB
MCV	91	fL	80 - 98	MB
MCH	31.4	pg	27.0 - 34.0	MB
MCHC	34.5	g/dL	32.0 - 36.0	MB
RDW	12.8	%	11.7 - 15.0	MB
Platelets	204	x10E3/uL	140 - 415	MB
Neutrophils	55	%	40 - 74	MB
Lymphs	34	%	14 - 46	MB
Monocytes	9	%	4 - 13	MB
Eos	1	%	0 - 7	MB
Basos	1	%	0 - 3	MB

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

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TEST	RESULT	LIMITS	LAB
<div> <div>CONFIDENTIAL RECORD</div> <div>NOT TO BE PHOTO COPIED</div> </div>			
CMP12+LP+TP+TSH+6AC+CBC/D/P1t			
Chemistries			MB
Glucose, Serum	76 mg/dL	65 - 99	MB
Uric Acid, Serum	3.2 mg/dL	2.4 - 8.2	MB
BUN	11 mg/dL	5 - 26	MB
Creatinine, Serum	1.0 mg/dL	0.5 - 1.5	MB
BUN/Creatinine Ratio	11	8 - 27	
Sodium, Serum	139 mmol/L	135 - 148	MB
Potassium, Serum	4.1 mmol/L	3.5 - 5.5	MB
Chloride, Serum	98 mmol/L	96 - 109	MB
Calcium, Serum	9.8 mg/dL	8.5 - 10.6	MB
Phosphorus, Serum	4.4 mg/dL	2.5 - 4.5	MB
Protein, Total, Serum	7.6 g/dL	6.0 - 8.5	MB
Albumin, Serum	4.7 g/dL	3.5 - 5.5	MB
Globulin, Total	2.9 g/dL	1.5 - 4.5	
A/G Ratio	1.6	1.1 - 2.5	
Bilirubin, Total	0.6 mg/dL	0.1 - 1.2	MB
Alkaline Phosphatase, Serum	84 IU/L	25 - 150	MB
LDH	174 IU/L	100 - 250	MB
AST (SGOT)	29 IU/L	0 - 40	MB
ALT (SGPT)	17 IU/L	0 - 40	MB
GGT	20 IU/L	0 - 65	MB
Iron, Serum	113 ug/dL	40 - 155	MB
Lipids			MB
Cholesterol, Total	184 mg/dL	100 - 199	MB
Triglycerides	81 mg/dL	0 - 149	MB
> HDL Cholesterol	61 H mg/dL	40 - 59	MB
Comment			MB
HDL cholesterol values >59 mg/dL are associated with reduced cardiac risk.			
VLDL Cholesterol Cal	16 mg/dL	5 - 40	
> LDL Cholesterol Calc	107 H mg/dL	0 - 99	MB
Comment			
If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.			
Risk Category	LDL Goal	LDL Level (mg/dL)	LDL Level (mg/dL)
	mg/dL	at which to initiate	at which to
	Therapeutic Lifestyle	consider Drug	

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

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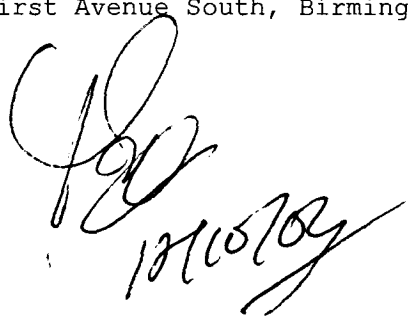
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TEST	RESULT	LIMITS	LAB
Neutrophils (Absolute)	2.9 x10E3/uL	1.8 - 7.8	MB
Lymphs (Absolute)	1.8 x10E3/uL	0.7 - 4.5	MB
Monocytes (Absolute)	0.5 x10E3/uL	0.1 - 1.0	MB
Eos (Absolute)	0.1 x10E3/uL	0.0 - 0.4	MB
Baso (Absolute)	0.1 x10E3/uL	0.0 - 0.2	MB

LAB: MB LabCorp Birmingham

DIRECTOR: Arthur Kelly G MD

1801 First Avenue South, Birmingham, AL 35233-0000



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U/A DIPSTICK REPORT

STATON HEALTH CARE UNIT

Name: Wright Richard AIS# 187140 R/S B/m

Facility: DCC DOB: 8/15/67 AGE: 32

Collection Date: 2/8/200 Time: 1235A

Annual Physical ☐ Random ☐ Repeat ☐ Daily ☐

After Rx Completion ☐ Chronic Care Clinic Protocol ☐

Urine Appearance: Color on B2 Clarity clear Odor ⊖

UROBILINOGEN: NORMAL

GLUCOSE: ⊖

KETONES: NEG

BILIRUBIN: ⊖

PROTEIN: 30+

NITRATE: ⊖

LEUKOCYTES: ⊖

BLOOD: ⊖ HEMOLIZED: ☐

pH: 5

SPECIFIC GRAVITY: 1.030

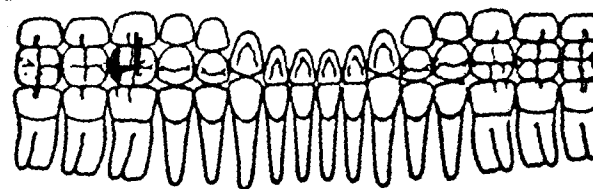
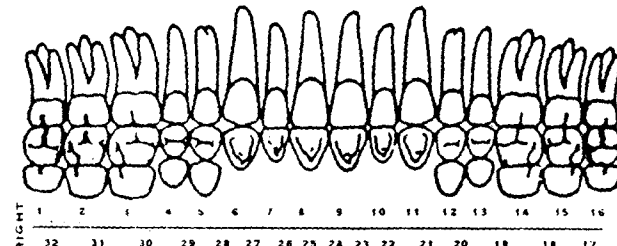
WNL: ☐ ABNORMAL: ☒

OBTAINING NURSE'S SIGNATURE: [Signature] DATE: 2/8/200

REVIEWING PHYSICIAN'S SIGNATURE: [Signature] DATE: 2/13/00

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RESTORATIONS AND TREATMENTS



5-10-05 Annual exam

6	17	96
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Classification

Narrative Information

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Wingat, Richard Elm #187140

477

Services Rendered

Date	Tooth #	Diagnosis	Treatment	Initials	Class
6/13/96	#30	SIC OP Appt	6/17/96		
6/17/96	#30	Cherted	1.8 cc lid, epine X 2 Dazl Am, cavities PIR for Op 4 ext #1 8/6		
1-31-03	1	NKC	1.8cc (x2) Lidoc 2% 400 mg Ext = diffia 1 POT given		
5-10-05			Annual exam OHI I given		DBM RDT
5-19-05			dental screening		Rt.
5-31-05	29	caries	P amalgam (lars)		WES

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Students Last Name	First	Middle	DOB	R/S	ID No
Wright	Richard				187140

Prison Health Services, Inc.

Inmate Grievance

Richard W Wright Sr. 187140

NAME

AIS #

Bed #1 Dorm 6B July 15, 2005

UNIT

DATE

PART A--Inmate Grievance

Need information / requested data concerning drug facts (sheet(s)) for (T.B. skin test medication). I have been neglected treatment (if any at all) concerning medical problems I consulted and relayed with this medical staff. I have been charge ~~twice~~ (medical co-payment) ~~twice~~ twice For the same medical problems I've previously requested treatment for on July 14, 2005, which visit were June 6, 2005 and again on June 20, 2005.

Richard W Wright Sr.
INMATE SIGNATURE

PART B - RESPONSE

DATE RECEIVED

Medication insert given to inmate.

P.H.S. Department Head Signature

DATE

If you wish to appeal this review you may request a Grievance Appeal form from the Health Services Administrator. Return the completed form to the attention of the; Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

H.S.A Selection:		Y	N		Y	N
I	Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI	Delay in Health Care Provided	<input checked="" type="checkbox"/> <input type="checkbox"/>
II	Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VII	Problems with Medication	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
III	Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VIII	Request to be seen	<input checked="" type="checkbox"/> <input type="checkbox"/>
IV	Dissatisfied with Response to Non-Medical Request	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IX	Request for Off-site Specialty Care	<input checked="" type="checkbox"/> <input type="checkbox"/>
V	Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X	Other	<input type="checkbox"/> <input checked="" type="checkbox"/>

Committee Review of Data Collection

STATE OF ALABAMA

Department of Corrections
Inmate Stationery

July 13, 2005

From: Inmate Wright, Richard W.
A.I.S # 187140 Dorm 6-B # 1B

TO: Ms. Burks (Head Nurse)

Dear Ms. Burks,

ON July 13, 2005 I was given a money receipt showing another three (3) dollars was taken out of my prison account For Follow up treatment. I had been seen by the doctor on June 6, 2005 and again on June 20, 2005. I saw the doctor For the same symptoms (as follow up treatment). Would you send a notice to the business office informing such person or persons to credit my prison account three(3) dollars For this additional Co-payment Charge.

7/18
Rpt. re-sch. Lloyd
W. Th MS RB

Sincerely,

Richard W. Wright, Sr.
Richard Wayne Wright, Sr.

7-18-05